P13000049204

(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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GEORGIARY OF STATE

AUG 3 0 2016

C. CAPROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FLURIDA ANTWIAL HOSVITAL
DOCUMENT NUMBER: \$13000049204
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TEJBIR S. SANDHU
Name of Contact Person
Firm/ Company
200 11 SI W. UNIT 263
SaD 7 th ST W. UNIT 265 PALMETTO, FL 34221
City/ State and Zip Code
TEJBIRSANDHU@YAHOO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEJBIR S. SANDHU at (813) SA6-SSS7 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

FLORIDA ANIMAL HOS	PITAL	, INC.		
(Name of Corporation as currently	filed with the F	lorida Dept. of State))	
P 130000 49204				
(Document Number of C	Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Co	rporation adopts the fo	ollowing amendn	nent(s) t
A. If amending name, enter the new name of the corporation:				
FLORIDA PET CLI	NIC,	INC.	The ne	w
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," (o". A professio	or "incorporated" or		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N	A		
ı				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	A		
				٠ - بيورد
			- 55 G 22 - 55 Y	**************************************
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, en	iter the name of the	TOF STA	
Name of New Registered Agent	MA		<u> </u>	
(Florida stree	t address)	· · · · · · · · · · · · · · · · · · ·		
	,	m		
The William Con Office Than Con.	City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	dd d.	 		
I hereby accept the appointment as registered agent. I am familiar wit	п апа ассері Іп	e oougauons oj ine po	suion.	

Signature of New Registered Agent, if changing

If amending the Officers'and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		~	·
Add		- Cros	
Remove		\mathcal{C}	
4) Change		40	
Add			
Remove			
5) Change			
Add/			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	. (Be specif	îc)		
	710	CHANGE	,	
	190	<u> </u>		
	<u> </u>			18 - 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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			.	
		!C4!	C	
an amendment provides for an exercisions for implementing the am	enange, recia endment if n	ot contained in the amendm	ent itself:	
(if not applicable, indicate N/A)				
		0110110		
	140	CHANGE		
				
				

The date of each amendment(s) adoption:	AUG	2016	>	, if other than the
date this document was signed.				
Effective date if applicable: \\S \A				
(no more	: than 90 d	lays after ame	endment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec		le statutory fi	iling requirements, thi	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONI	<u>E</u>)			
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The nu	ımber of vote	s cast for the amendme	ent(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entity				lement
"The number of votes cast for the amendment(s) v	was/were s	ufficient for a	npproval	
by		<u> </u>	,,,	
(voting group))			
☐ The amendment(s) was/were adopted by the board of diaction was not required.	irectors wi	thout shareho	lder action and shareh	nolder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors withou	t shareholder	action and shareholde	т
Dated 17 AUGUST	2011	6		
Dated 17 AUGUST Signature 7.8.	3			
(By a director, president or otl selected, by an incorporator – appointed fiduciary by that fice	if in the h			
TEJE	3/R	S. SA	MDHU	
(Typed or p	printed nan	ne of person :	signing)	
PR	ES	DENT	Γ	

(Title of person signing)